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## BIB DATA SHEET

CONFIRMATION NO. 7450

<b>SERIAL NUMBER</b> 10/597,888	<b>FILING or 371(c) DATE</b> 08/10/2006 <b>RULE</b>	<b>CLASS</b> 450	<b>GROUP ART UNIT</b> 3765	<b>ATTORNEY DOCKET NO.</b> CHRY0101PUSA		
<b>APPLICANTS</b> Jennifer Owen, Menai, AUSTRALIA; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/AU2005/000158 02/10/2005 <b>** FOREIGN APPLICATIONS *****</b> AUSTRALIA 2004900620 02/10/2004 <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 03/24/2008						
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <u>/AMY B VANATTA/</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> AUSTRALIA	<b>SHEETS DRAWINGS</b> 7	<b>TOTAL CLAIMS</b> 15	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> BROOKS KUSHMAN P.C. 1000 TOWN CENTER TWENTY-SECOND FLOOR SOUTHFIELD, MI 48075 UNITED STATES						
<b>TITLE</b> Breast Feeding Cover						
<b>FILING FEE RECEIVED</b> 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			